

Chapter 3

Reference Section

Section	Page
Plan Administrators	61
Glossary	63
Index	67

PLAN ADMINISTRATORS

Listed below are the plans and plan administrators as of July 1, 2002. Since this information may change, check the annual Benefit Choice Options Booklet for the most current information.

Teachers' Choice Health Plan (TCHP)

Medical Plan Administrator:

For Claims with Dates of Service through June 30, 2002:

UNICARE

Group Number 28457
Teachers' Choice Health Plan
P.O. Box 5027
Bolingbrook, IL 60440-5027
(888) 209-7952 (nationwide)
TDD/TTY: (888) 209-7953

For Claims with Dates of Service July 1, 2002 and after:

CIGNA

Group Number 2457482
Teachers' Choice Health Plan
P.O. Box 5200
Scranton, PA 18505-5200
(800) 962-0051 (nationwide)
TDD/TTY: (800) 526-0844
<http://provider.healthcare.cigna.com/soi.html>

Medical Case Management (MCM) Administrator:

Intracorp

(no address required)
(800) 962-0051
TDD/TTY: (800) 526-0844

Member Assistance Program (MAP)

Mental Health/Substance Abuse Treatment Plan Administrator:

Magellan Behavioral Health

Group Number 2457482
P.O. Box 909782
Chicago, IL 60690
(800) 513-2611
TDD/TTY: (800) 526-0844
www.magellanassist.com

Notification Administrator:

Intracorp

(no address required)
(800) 962-0051
TDD/TTY: (800) 526-0844

Prescription Drug Plan Administrator:

For Claims with Dates of Service through June 30, 2002:

National Prescription Administrators (NPA)

Group Number 1402
711 Ridgedale Avenue
East Hanover, NJ 07936
(800) 250-9594 (nationwide)
TDD/TTY: (888) 269-5304

For Claims with Dates of Service July 1, 2002 and after:

Caremark, Inc.

Group Number 1402
Paper Claims:
P.O. Box 686005
San Antonio, TX 78268-6005
Mail Order Prescriptions:
P.O. Box 7624
Mt. Prospect, IL 60056-7624
(866) 212-4751(nationwide)
TDD/TTY: (800) 231-4403
www.caremark.com

Managed Care Health Plans

Health Alliance HMO

(800)851-3379 TDD/TTY: (217)337-8137
www.healthalliance.org

Health Alliance Illinois

(800)851-3379 TDD/TTY: (217)337-8137
www.healthalliance.org

HealthLink OAP

(800)624-2356 TDD/TTY: (800)624-2356, ext. 6280
www.healthlink.com

HMO Illinois

(800) 868-9520 TDD/TTY: (800) 888-7114
www.bcbsil.com

Humana Premier HMO

(800)486-2621 TDD/TTY: (800)526-0844
www.humana.com

OSF Health Plan

(888)716-9138 TDD/TTY: (888)817-0139
www.osfhealthplans.com

PersonalCare

(800)431-1211 TDD/TTY: (217)366-5551
www.personalcarehmo.com

UniCare HMO

(888)234-8855 TDD/TTY: (312)234-7770
www.unicare.com

Other Sources for Information:

- TRS, 2815 W. Washington Street, P.O. Box 19253, Springfield, IL 62794-9253.
Telephone: (800) 877-7896 (toll-free), (217) 753-0329 (TDD/TTY).
- CMS Group Insurance Division, 600 Stratton Building, Springfield, IL 62706.
Telephone: (217) 782-2548, (800) 442-1300 (toll-free), (800) 526-0844 (TDD/TTY).
- For the hearing impaired, all administrators and plans can be contacted through the TDD/TTY number listed for that plan or the Illinois Relay Service at (800) 526-0844.

GLOSSARY

Admission: Entry as an inpatient to an accredited facility, such as a hospital or extended care facility, or entry to a structured outpatient, intensive outpatient, or partial hospitalization program.

Artificial Insemination: Deposit of semen in the vagina or cervix by artificial means.

Authorization as applies to mental health/substance abuse services: Authorization is the result of a review that approves treatment as meeting medical necessity criteria and appropriateness of care. (See Chapter 2, Section entitled Mental Health/Substance Abuse.)

Benefit Choice Period: Annual benefit election period usually May 1 through May 31 each year during which time members may:

- Change health plans,
- Add dependent coverage,
- Initially enroll in a plan under TRIP.

Benefit Recipient: The annuitant or survivor enrolled in the Program.

Benefit Recipient Number: The Benefit Recipient's Social Security number is the identifying number used for all Benefit Recipients and their enrolled dependents.

Certificate of Coverage: A document containing a description of benefits provided by licensed insurance plans.

Certificate of Creditable Coverage: A certificate that provides evidence of prior health coverage.

Christian Science Nurse: A nurse who is listed in a Christian Science Journal at the time services are given and who: (a) has completed nurses' training at a Christian Science Benevolent Association Sanitarium; or (b) is a graduate of another School of Nursing; or (c) had three consecutive years of Christian Science Nursing, including two years of training. (See Physician/Doctor definition.)

Christian Science Practitioner: An individual who is listed as such in the Christian Science Journal at the time the medical services are provided and who provides appropriate treatment in lieu of treatment by a medical doctor.

Coinsurance: The percentage of the charges for eligible services for which the plan participant is responsible.

Coordination of Benefit: A method of integrating benefits payable under more than one group insurance plan.

Copayment: A specific dollar amount the plan participant is required to pay for certain services covered by the plan.

Covered Services: Services eligible for benefits under a plan.

Creditable Coverage: The amount of time a plan participant had continuous coverage under a previous health plan.

Custodial Care: Services which are provided for a plan participant due to age or mental or physical condition mainly to aid or assist in daily living.

Deductible: The amount of eligible charges which plan participants must pay before benefits begin.

Department: The Department of Central Management Services.

Dependent Beneficiary/Dependent: A person eligible for coverage as a dependent of a Benefit Recipient.

Eligible Charges: Charges for covered services and supplies which are medically necessary and based on usual and customary charges as determined by the plan administrator.

Emergency Services: Services provided to alleviate severe pain or for immediate diagnosis and/or treatment of conditions or injuries such that in the opinion of a prudent layperson might result in permanent disability or death if not treated immediately.

Exclusions: Services not covered under the Teachers' Retirement Insurance Program.

Explanation of Benefits (EOB): A statement from the plan administrator explaining benefit determination.

Explanation of Medicare Benefits (EOMB): A statement from Medicare explaining benefit determination.

Fiscal Year (FY): July 1 through June 30 of the following year (Same as Plan Year).

Formulary (prescription drugs): A list of prescription medications that have been chosen because of their ability to be both clinically and cost effective.

Group Number: A number used by the plan administrator to identify the group in which the plan participant is enrolled.

Home Health Care: Skilled Nursing in a home setting.

Home Infusion Therapy: Self administration, or administration by a home health agency of intravenous medication when medically necessary for the treatment of disease or injury.

Hospice: A program of palliative and supportive services for terminally ill patients. It must be approved by the plan administrator as meeting standards including any legal licensing requirements.

Hospital: A legally constituted and licensed institution having on the premises organized facilities (including organized diagnostic and surgical facilities) for the care and treatment of sick and injured persons by or under the supervision of a staff of physicians and registered nurses on duty or on call at all times.

I.D. Card: Document identifying eligibility for benefits under a plan.

Inpatient Admission: A hospital stay of 24 or more hours.

In-Vitro Fertilization: Fertilization occurring outside the living body in an artificial environment.

Itemized Bill: Bill submitted for claim purposes; must have the name of the patient, description, diagnosis, date and cost of services provided.

Intensive Outpatient Program (mental health/substance abuse): Services offered to address treatment of mental health or substance abuse and could include individual, group or family psychotherapy and adjunctive services such as medication monitoring. Program services are provided at least 2 hours per day or 6 hours per week.

Member Assistance Program (MAP): MAP is the MH/SA program for TCHP. The administrator conducts utilization review, authorization and claim processing for Behavioral Health Services.

Medical Case Management (MCM): MCM is the program for TCHP participants designed to assist in times of very serious or prolonged illness.

Medicare: A federally-operated program providing health care benefits.

Notification: Notification is the initial telephone call to the Notification Administrator or Mental Health/Substance Abuse Treatment Plan Administrator informing them of an upcoming procedure to a facility such as a hospital, extended care facility or for mental health services.

Out-of-Pocket Maximum: The maximum dollar amount the plan participant pays for eligible expenses in any given plan year.

Outpatient Services (medical/surgical): Services provided in a hospital emergency room or outpatient clinic, at an ambulatory surgical center, or in a doctor's office.

Outpatient Services (mental health/substance abuse): Care rendered for the treatment of mental health or substance abuse. This type of care is limited to individual, group and/or family psychotherapy when not confined to an inpatient hospital setting.

Partial Hospitalization Program (mental health/substance abuse): Services offered to address treatment of mental health or substance abuse and could include medication management, individual, group or family psychotherapy. Services are medically-supervised and essentially the same intensity as would be provided in a hospital setting except that the patient is in the program less than 24 hours per day. Program services are provided at least 4 hours per day and at least 3 days per week.

Physician/Doctor: A person licensed to practice under the Illinois Medical Practice Act or under similar laws of Illinois or other states or countries; a Christian Science Practitioner listed in the *Christian Science Journal* at the time the medical services are provided.

Plan: A specifically designed program of benefits.

Plan Administrator: An organization, company or other entity contracted by the Department to:

- review and approve benefit payments,
- pay claims, and
- perform other duties related to the administration of a specific plan.

Plan Participant: A term used to describe the Benefit Recipient and/or Dependent Beneficiary, enrolled in the Program.

Plan Year: July 1 through June 30 of the following year.

PPO: See Preferred Provider Organization.

Pre-certification: See Notification.

Preferred Drug List: A list of prescription medications that have been chosen because of their ability to be both clinically and cost effective.

Preferred Provider Organization (PPO): A hospital, facility or medical provider that has agreed to negotiated rates.

Prescription Drugs: Medications which are lawfully obtained with a prescription from a physician.

Primary Care Provider: The physician or provider location a plan participant selects under a managed care plan to manage all health care needs.

Program: The Teachers' Retirement Insurance Program (TRIP) as authorized by the State Employees Group Insurance Act of 1971 as amended (5 ILCS 375/1 et seq.).

Provider: Any organization or individual which provides services or supplies to plan participants. This may include such entities as hospitals, pharmacies, physicians, laboratories, or home health companies.

Qualified Beneficiary: An individual who is entitled to receive continuation of coverage under COBRA as a result of a loss of employer-provided group health coverage.

Room and Board: Charges for room and meals for an inpatient stay.

Second Surgical Opinion: An opinion rendered by a second physician prior to the performance of certain non-emergency, elective surgical procedures.

Skilled Nursing Service: Non-custodial professional services provided by a Registered Nurse (R.N.) or Licensed Practical Nurse (L.P.N.) which require the technical skills and professional training of such a licensed professional acting within the scope of their licensure.

Spouse: A person who is legally married to the Benefit Recipient as defined under Illinois law.

State Employees Group Insurance Act: The statutory authority for benefits offered under the Teachers' Retirement Insurance Plan. (5 ILCS 375/1 et seq.)

Survivor: Spouse or dependent child(ren) of deceased Benefit Recipient who is receiving monthly benefits from TRS.

Transplant Preferred Provider Organization (TPPO) hospital: A hospital that has agreed to negotiated rates to perform certain transplants.

Usual and Customary (U&C): An amount determined by the plan administrator not to exceed the general level of charges being made by providers in the locality where the charge is incurred when furnishing

like or similar services, treatment, or supplies for a similar medical condition. This comparison takes into account all factors specific to a given claim including:

- Complexity of the services.
- Range of services provided.
- Any unusual circumstances or complications that require additional skill, time or experience.
- Prevailing charge level in the geographic area where the provider is located and other geographic areas having similar medical-cost experience.

U&C applies to professional fees and some other services.

INDEX

- A -

Allergy Injections 38
Ambulance 38
Annual Benefit Choice Period 13
Annual Deductible
TCHP 37

- B -

Blood/Blood Plasma 38
Breast Implantation Removal 38
Breast Reconstruction 38

- C -

Cardiac Rehabilitation 38
Chemotherapy 38
Chiropractic Services 38
Christian Science Practitioner 39
Circumcision 39
Claim Appeal Process 27
Claim Filing Deadlines & Procedures
TCHP 57
COBRA 19
Coinsurance 31
Colorectal Cancer Screening 47
Consistency Rule 13
Conversion Privilege
Health Coverage 21
Coordination of Benefits 33, 49, 51

- D -

Dental Services
Medical 39
Diabetic Coverage 39
Dialysis 39
Durable Medical Equipment 39

- E -

Eligibility 11
Eligible As Benefit Recipient 11

Eligible As Dependent Beneficiary 11

Emergency Services 39

Enrollment 13

Exclusions
TCHP 55

- F -

Family Planning 40
Foot Orthotics 40
Formulary 49

- G - H -

Health Maintenance Organizations (HMOs) 9
Health Plans, *See Teachers' Choice Health Plan, Health Maintenance Organizations or Open Access Plan*
Hearing Exams 40
Home Health Care Services, *See Skilled Nursing Care*
Home Infusion Services 40
Hospice 40
Hospital Services 40

- I -

Infertility Treatment 41
Initial Enrollment 13

- J - K - L -

Lab and X-ray 42

- M -

Mail Service Program
(Prescription Drug Plan) 49
Mammography 47
Managed Care Health Plans, *See Health Maintenance Organizations (HMO), Open Access Plan (OAP)*
Medical Case Management (MCM) 33
Medical Necessity 32
Medical Supplies 42

Medicare
 COB with TCHP 33
 COB with Managed Care Plans 23
 Crossover 34
 Notification Requirements 34
Member Assistance Program (MAP) 51
Mental Health and Substance Abuse
 Benefits Summary 53
 Medicare COB 51
 Notification & Authorization Requirements 51
 Out-of-Area Benefits 52

- N -

Newborn Care 42
Non-PPO Hospital Benefits 46
Notification Requirements 40
Nurse Practitioner 42

- O -

Occupational Therapy 42
Open Access Plan 9
Out-of-Pocket Maximums 37

- P -

Pap/Cervical Smears 47
Physical Therapy 42
Physician Services 43
Physician Services – Surgical 43
Plan Administrators 61
Plan Year Deductible
 TCHP 37
Podiatry Services 43
Pre-determination of Benefits (Health) 35
Precertification. *See Notification Requirements*
Preferred Drug List (TCHP) 49
Preferred Provider Organization (PPO) Hospital
 Network 33
Prescription Drug Plan (TCHP) 43, 49
Prior Authorization Program
 (Prescription Drug Program) 49

Prostate Screening 47
Prosthetic Appliances 43

- Q -

Qualifying Change in Status 13

- R -

Radiation Therapy 44
Recertification of Dependent Beneficiary Coverage 15

- S -

Second Surgical Opinion 44
Skilled Nursing
 In a facility 44
 In a home setting 44
Special Deductibles (TCHP) 37
Special Provisions
 (Enrollment) 14
Speech Therapy 44
Subrogation and Reimbursement 25
Surgery. *See Hospital Services*

- T -

Termination of Dependent Beneficiary Coverage 13, 17
Termination of Benefit Recipient Coverage 17
Teachers' Choice Health Plan
 Claim Filing Deadlines and Procedures 57
 Exclusions 55
 Medical Benefits Summary 37
 Mental Health/Substance Abuse 51
 Plan Components 31
 Plan Features 31
 Preventative Services 47
 Prescription Drug Plan 49

Transplants 45
Transplant Transportation and Lodging Benefit 46

- U -

Urgent Care Services 46
Usual and Customary Amounts (TCHP) 32

- V - W - X - Y - Z -